

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9920	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Kevin P Bennett P O Box Bldg Room No if any Street 18 Oakwood Ave City Billerica State MA ZIP Code + 4 01821	4 Name file number and address of labor organization Name Engineers, Operating, AFL-CIO LU4 Labor Organization File Number 033-610 P O Box Building and Room Number if any Street 16 Trotter Drive City Medway State MA ZIP Code + 4 02053
5 Position in labor organization Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed *Kevin P Bennett*

On **8/11/2005**

Date

978.667.3097

Telephone Number

Name of Person Filing Kevin P. Bennett	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P. O. Box 345</p> <p>Street 177 Bedford St.</p> <p>City Lexington</p> <p>State MA ZIP Code + 4 02420</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Pension Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any P. O. Box 345</p> <p>Street 177 Bedford St</p> <p>City Lexington</p> <p>State MA ZIP Code + 4 02040</p>	<p>11 a Nature of such dealing</p> <p>Mass Mutual, Social Security & Health & Welfare Educational seminar hosted by the Fund Office Ramada Inn, Bangor, ME 10/23/2004</p> <p>11 b Approximate dollar value of such dealing 74.00</p> <p>12 a Nature of interest held or income received</p> <p>Overnight accommodations Ramada Inn, Bangor, ME 74.00</p> <p>12 b Amount 74.00</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing Kevin P Bennett	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name IUOE Local 4 Health & Welfare, Pension, and Annuity Funds Trade Name if any _____ P O Box Bldg Room No if any P. O. Box 345 Street 177 Bedford St. City Lexington State MA ZIP Code + 4 02420	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Pension Fund Trade Name if any _____ P O Box Bldg Room No if any P. O. Box 345 Street 177 Bedford St. City Lexington State MA ZIP Code + 4 02040	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Pension & Annuity Trustee working lunch meeting Radisson Hotel Boston 9/28/2004 </div> 11 b Approximate dollar value of such dealing 35.00 12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Board of Trustee meeting Meal 35.00 </div> 12 b Amount 35.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>